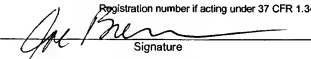


|   |                                  |   |                  |
|---|----------------------------------|---|------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>                                     |                                  | Docket Number (Optional)<br>612188007US   |                  |
| Application Number      10/817,046-Conf. #2215  |                                  | Filed      April 2, 2004                  |                  |
| For <b>METHOD AND SYSTEM FOR ENABLING COLLABORATIVE AUTHORIZING OF HIERARCHICAL DOCUMENTS WITH ASSOCIATED BUSINESS LOGIC</b>  |                                  |   |                  |
| Art Unit      2178  |                                  | Examiner      D. Faber                    |                  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                                  |   |                  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                                  |   |                  |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))    | Fee                                       | Small Entity Fee |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$130                                     | \$65             |
| <input checked="" type="checkbox"/>   | Three months (37 CFR 1.17(a)(3)) | \$490                                     | \$245            |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1110                                    | \$555            |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$1730                                    | \$865            |
| <input type="checkbox"/>  |                                  | \$2350                                    | \$1175           |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                                  |   |                  |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |   |                  |
| <input checked="" type="checkbox"/> Payment by EFT Account SEA1PIRM has already been authorized.  |                                  |   |                  |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                                  |   |                  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies or credit any overpayment, to Deposit Account Number <u>50-0665</u> .                                |                                  |   |                  |
| <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.               |                                  |   |                  |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |   |                  |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.  |                                  |   |                  |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |   |                  |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>62,403</u>  |                                  |   |                  |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.   |                                  |   |                  |
| Registration number if acting under 37 CFR 1.34 <u>                    </u>   |                                  |   |                  |
| <br>Signature  |                                  | <u>September 4, 2009</u><br>Date          |                  |
| <u>Joseph F. Brennan</u><br>Typed or printed name   |                                  | <u>(206) 359-8000</u><br>Telephone Number |                  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |                                  |   |                  |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.  |                                  |   |                  |